

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 08/535,543
Patent No.: 5,628,845
Inventor: Murray et al.
Filing Date: 09/28/1995
Issue Date: 05/13/1997
Title: Process for Forming
Hydratable, Flexible
Refrigerant Media

DECLARATION OF ROBERT McGUIRE

1. I am an investor in ThermaFreeze Products Corporation, and I was one of the investors in Thermal Products, Inc. I am submitting this declaration to provide factual support for the Petitions to Revive U.S. Patent Nos. 5,628,845 ("the '845 patent") and 5,966,962 ("the '962 patent").

2. I have had several telephone conversations and e-mail correspondences with patent attorney Barry Negrin of Pryor Cashman, LLP. Mr. Negrin asked me to try to locate some documentary evidence that would show the authorization of the payment of maintenance fees for the '845 and '962 patents.

3. I spent many hours in October 2007 attempting to locate documents relating to Thermal Products, Inc. I looked through my own file cabinets and archive boxes in Encino, CA. I also looked through storage files and archive boxes used by Thomas Pryor (the former CEO and CFO of Thermal Products, Inc.) and the bookkeeper who worked for him. All I found were a few checks dated in and around 2000. Attached as Exhibit A is a true and correct copy of the nine checks and three fund transfers that I found.

**Declaration of Robert McGuire
In Support of Petitions to Revive
U.S. Patent Nos. 5,628,845 and 5,966,962**

4. Mr. Pryor used to maintain a home office where he kept many records on behalf of Thermal Products, Inc. Unfortunately, when Mr. Pryor died in or around 2004, his family relocated residences, and it appears that they discarded all his accounting records. The remaining records were very scant. In fact, the only reason I found the checks of Exhibit A is because they were misfiled.

5. I was on the East Coast for a period of about a week and a half at the end of October and beginning of November 2007. At the behest of Joseph Murray (the inventor and President of ThermaFreeze Products Corporation) and Mr. Negrin, I drove from New York City to the last known office and whereabouts of our former patent attorney, Emmett Pugh, in Suffield, CT. I was aware Mr. Pugh had had a major stroke last year in June while on the telephone with Mr. Murray. I was hoping to find at least his files relating to Mr. Murray's inventions, if not Mr. Pugh himself.

6. I found Mr. Pugh and his wife at their Suffield, CT home (which was also Mr. Pugh's work address). According to Mrs. Pugh, Mr. Pugh had suffered an embolism two weeks after the June 2006 stroke and was, for a time, completely paralyzed. Mr. Pugh had no memory of any of the matters concerned with Mr. Murray or Thermal Products, and he had no idea about any of his files. He was substantially incoherent. His wife informed me that they were imminently moving to New Hampshire so that Mr. Pugh could continue his slow recovery. She was unable to tell me anything about any files, and it did not seem appropriate to press her on the subject given the circumstances.

**Declaration of Robert McGuire
In Support of Petitions to Revive
U.S. Patent Nos. 5,628,845 and 5,966,962**

7. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent(s) issued thereon.

Executed in Everett, WA (location)

Date: 11/15/07

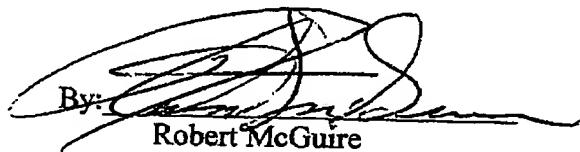
By: 
Robert McGuire

EXHIBIT A

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1932

THERMAL PRODUCTS, INC.

4430 HASKELL AVENUE
ENCINO, CA 91436

DATE October 6, 1999 94-72-1224

PAY
TO THE
ORDER OF

PUGH ASSOCIATES, P.C.

\$5,000

Five Thousand Only

DOLLARS

BANK OF AMERICA
LAS VEGAS, NEVADA 89193-8600

FOR

#0000 1932# 4122400724#

510266299#

#0000 500000#

Ratella I am

2080

THERMAL PRODUCTS, INC.

4430 HASKELL AVENUE
ENCINO, CA 91436

DATE December 1, 1999 94-72-1224

PAY
TO THE
ORDER OF

PUGH ASSOCIATES, P.C.

\$2,000.00

*****TWO THOUSAND*****

DOLLARS

BANK OF AMERICA
LAS VEGAS, NEVADA 89193-8600

FOR

#0000 2080# 4122400724#

510266299#

#0000 200000#

Jack Helbing

2099

THERMAL PRODUCTS, INC.

4430 HASKELL AVENUE
ENCINO, CA 91436

DATE 10-12-99 94-72-1224

PAY
TO THE
ORDER OF

Emmett Pugh

\$2000

Two Thousand Dollars *Emmett Pugh*

DOLLARS

BANK OF AMERICA
LAS VEGAS, NEVADA 89193-8600

FOR

#0000 2099# 4122400724#

510266299#

#0000 200000#

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THERMAL PRODUCTS, INC.
4430 HASKELL AVENUE
ENCINO, CA 91436

3147-

1525

DATE MAY 14, 1999 94-72-1224

PAY
TO THE
ORDER OF

PUGH / ASSOCIATES LAW OFFICES \$3,147.00

Three Thousand One Hundred Fourty Seven Dollars 03-147.00

BANK OF AMERICA
LAS VEGAS, NEVADA 89193-8600

FOR Thermal Products / Patent

#00001525# 4122400724#

Patricia L. Lewis

510266299# #0000314700#

THERMAL PRODUCTS, INC.
4430 HASKELL AVENUE
ENCINO, CA 91436

2427

DATE 3-27-2000 94-72-1224

PAY
TO THE
ORDER OF

Emmett Pugh

\$2,000

Two thousand Dollars and No/100

DOLLARS

BANK OF AMERICA
07667 NV

FOR on ac/c

Patricia L. Lewis

#0000200000#

THERMAL PRODUCTS, INC.
4430 HASKELL AVENUE
ENCINO, CA 91436

DATE 11/28/2001 94-72-1224

PAY
TO THE
ORDER OF

Emmett Pugh

\$935.00

Nine hundred thirty-five Only

Bank of America

ACH RT 12400724

FOR I issuance of Belverda's latest

Patricia L. Lewis

#003268# 4122400724# 800510266299#

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2379

THERMAL PRODUCTS, INC.

4430 HASKELL AVENUE
ENCINO, CA 91436

DATE 3/97/2000 94-72-1224

PAY
TO THE
ORDER OF

PUGH / ASSOCIATES

\$1,454.00

One Thousand Four Hundred Fifty-Four & ³⁰/100

DOLLARS

BANK OF AMERICA
07667 NV

FOR

#002379# 0122400724# 000510266299# #0000145430#

Intalla L. L. L.

4452

THERMAFREEZE, INC.

4430 HASKELL AVE
ENCINO, CA 91436

16-65/1220
2147

PAY
TO THE
ORDER OF

Emmett Pugh

\$ 385.00

Three Hundred Eighty Five & ⁰⁰/100

DOLLARS

Bank of America (818) 984-8200
Topanga Canyon - Ventura Branch #2147
5440 Topanga Canyon
Woodland Hills, CA 91364

Jho Pugh

FOR

#004452# 0122000661# 21475# 15287#

2110

THERMAL PRODUCTS, INC.

4430 HASKELL AVENUE
ENCINO, CA 91436

DATE 12-13-99 94-72-1224

PAY
TO THE
ORDER OF

Emmett Pugh

\$1000-

One Thousand Dollars & ⁰⁰/100

DOLLARS

BANK OF AMERICA
07667 NV

9500330094 3256 3260 29 12-29-99

Intalla L. L. L.

FOR

#002110# 0122400724# 000510266299# #0000100000#

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Bank of America

Funds Transfer Request
and Authorization

8/21/00 0453805

Section I: Requester / Organization Information					
Name	THOMAS Pryor THERMA Freeze, Inc.		Telephone Number (Day)	818 784-7842 445 Other	
Address	4430 Haskell Ave		City	State	Zip
Customer Approval: I authorize Bank of America to transfer my funds as set forth in the instructions noted herein (including debiting my account if applicable), and agree that such transfer of funds is subject to the Bank of America standard funds transfer agreement and applicable fees.					
Customer's Signature: <i>Thom Pryor</i>			Date: 8/21/00		
Section II: Transfer Payment Instructions					
Amount of Wire (if US dollars)	Amount of Wire (if foreign currency)		Country/Name of Foreign Currency (e.g. French Francs)		
2500					
Account Number to Debit	Type of Account Debited		State Where Account was Opened		
21475 - 15287	FT Checking <input type="checkbox"/> Savings		CA		
Title or Name on Debit Account			Repetitive Wire Number (if applicable)		
THERMA Freeze, Inc			✓		
Name of Person or Company Receiving Funds (Beneficiary)		Acct # of Person or Company Receiving Funds (Beneficiary Acct #)			
Puq H Assoc. Inc		Acct # 33047 4840			
Address of Beneficiary (if available): Street		City	State	Country	Zip
Manchester N.H.		Manchester	NH		
Name of Bank Where Beneficiary Has Account (Beneficiary Bank)		ID of Beneficiary Bank (e.g. Routing/ABA Number-if available)			
Citizen's Bank & N.H.		ABA 011 401533			
Beneficiary Bank Address (if available): Street		City	State	Country	
Manchester N.H.		Manchester	NH		
Name of Bank to Send Funds Thru (Send Thru Bank Name-if applicable)		ID of Bank to Send Funds Thru (e.g. SWIFT ID-if available)			
Send Thru Bank Address (if available): Street		City	State	Country	
Name and Phone # of Person to Contact When Funds Arrive (if applicable)		Any Additional Information for Beneficiary (if applicable)			
Any Additional Instructions for Bank Receiving the Funds (if applicable)					
Section III: Wire Acceptance Information					
Customer ID: <input checked="" type="checkbox"/> DL <input type="checkbox"/> State ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Other	ID Number: C DL # W0302403 1-405		Source: <input checked="" type="checkbox"/> OTC <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Letter		
Callback Performed (Required For Phone, Fax Or Letter): <input type="checkbox"/> Yes <input type="checkbox"/> No					
Callback Information: Name Of Person Contacted/Reason No Callback Performed			Date	Time	
Purpose Of Wire (Required if OFAC blocked country-see TAO email bulletin board "nw.help.block.entry" for listing of sanctioned countries)					
Request Acceptance: Date 8/21/00 Time 11:45 AM Associate Name (Print) MCKEE		Phone # 818-704-2200		Mail Code CA8-190-01-01	
Section IV: Balance Approval					
Debit Date	US Dollar Amt	Foreign Currency Information:	FX Amt	Rate	FX Ref. ID
Available Balance 9208.50	Balance Sufficient? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OD Amount	OD Covered By		
Internal Debit To:	<input type="checkbox"/> ICA Serial #: <input type="checkbox"/> GL GL #:		Source of Funds if Internal Debit		
I hereby approve the overdraft for this funds transfer transaction. My approval is in accordance with the "Freedom to Act" guidelines.					
OD Authorizing Associate's Name (Please Print)	Authorizing Associates Signature		Date		
Section V: Wire System Entry / Approval					
Entry Information:	Date	Time	Associate Name	Associate Initials	Phone #
Verify Information:	Date	Time	Associate Name	Associate Initials	Phone #
					Verify Deadline

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Bank of America**Funds Transfer Request
and Authorization**

0219140

Section I: Requester / Organization Information		Funds Transfer Request and Authorization	
Name	Estrella L. Sison of Thermal Products, Inc.	Telephone Number (Day)	Other
Address	4420 Haskell Ave	City	State Zip
Customer Approval: I authorize Bank of America to transfer my funds as set forth in the instructions noted herein (including debiting my account if applicable), and agree that such transfer of funds is subject to the Bank of America Standard Funds Transfer Agreement and applicable fees.			
Customer's Signature:	Estrella L. Sison		Date: 7/30/01

Section II: Transfer Payment Instructions			
Amount of Wire (if US dollars)	Amount of Wire (if foreign currency)	Country/Name of Foreign Currency (e.g. French Francs)	
\$5,603.59			
Account Number to Debit	Type of Account Debited	State Where Account was Opened	
510 266 299	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	Nevada	
Title or Name on Debit Account		Repetitive Wire Number (if applicable)	
Thermal Products, Inc.		3304748409	
Name of Person or Company Receiving Funds (Beneficiary)		Acct # of Person or Company Receiving Funds (Beneficiary Acct #)	
PUGH ASSOCIATES INC		3304748409	
Address of Beneficiary (if available): Street		City	State Country Zip
82 N. Main Street		Suffield	CT USA 06078
Name of Bank Where Beneficiary Has Account (Beneficiary Bank)		ID of Beneficiary Bank (e.g. Routing/ABA Number if available)	
Citizens Bank of New Hampshire		ABA 011401533	
Beneficiary Bank Address (if available): Street		City	State Country
		Manchester	NH
Name of Bank to Send Funds Thru (Send Thru Bank Name if applicable)		ID of Bank to Send Funds Thru (e.g. SWIFT ID if available)	
Send Thru Bank Address (if available): Street		City	State Country
Name and Phone # of Person to Contact When Funds Arrive (if applicable)		Any Additional Information for Beneficiary (if applicable)	
EMMETT PUGH (860) 668 2433			
Any Additional Instructions for Bank Receiving the Funds (if applicable)			

Section III: Wire Acceptance Information					
Customer ID: <input type="checkbox"/> Pt. <input type="checkbox"/> State ID. <input type="checkbox"/> Military ID. <input type="checkbox"/> Passport <input type="checkbox"/> Other	Source: <input checked="" type="checkbox"/> OTC <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Letter				
ID Number: 570288606 7-15-02					
Callback Performed (Required For Phone, Fax Or Letter): <input type="checkbox"/> Yes <input type="checkbox"/> No					
Callback Information: Name Of Person Contacted/Reason No Callback Performed		Date	Time		
Purpose Of Wire (Required if OFAC blocked country-see TAO email bulletin board "nw.help.block.entry" for listing of sanctioned countries)					
Request Acceptance Information	Date 7-30-01 Time 10:30	Associate Name (Print) VINCE HOLLOWAY	Phone # 937-4748/09-1818-8		
Debit Date	US Dollar Amt	Foreign Currency Information: FX Amt	Rate FX Ref ID		
Available Balance	Balance Sufficient? <input type="checkbox"/> Yes <input type="checkbox"/> No	OD Amount	OD Coved By		
Internal Debit To:	<input type="checkbox"/> ICA Serial #: <input type="checkbox"/> GL GL #:	Source of Funds if Internal Debit			
I hereby approve the overdraft for this funds transfer transaction. My approval is in accordance with the "Freedom to Act" guidelines.					
OD Authorizing Associate's Name (Please Print)	Authorizing Associates Signature		Date		
Section V: Wire System Entry / Approval					
Entry Information:	Date 7-30-01 Time 10:30	Associate Name VINCE HOLLOWAY	Associate Initials M	Phone # 937-4748	BFT Sequence # D101030002570
Verify Information:	Date	Associate Name	Associate Initials	Phone #	Verify Deadline

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Bank of America

10/2100

Funds Transfer Request
and Authorization

0585166

Section I: Requester / Originator Information		Telephone Number (Day) 818-784-2445		Other		
Name THOMAS PRYOR Thermafreeze Inc.	Address 4430 Haskell Ave	City Encino, Ca	State Zip 91436			
Customer Approval: I authorize Bank of America to transfer my funds as set forth in the instructions noted herein (including debiting my account if applicable), and agree that such transfer of funds is subject to the Bank of America standard funds transfer agreement and applicable fees.						
Customer's Signature: Thomas Pryor		Date: 10/2100				
Section II: Transfer Payment Instructions						
Amount of Wire (if US dollars) 2500	Amount of Wire (if foreign currency) —	Country/Name of Foreign Currency (e.g. French Francs)				
Account Number to Debit 91475 157 87	Type of Account Debited <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	State Where Account was Opened CA				
Title or Name on Debit Account Thermafreeze, Inc		Repetitive Wire Number (if applicable) —				
Name of Person or Company Receiving Funds (Beneficiary) Push Assoc - Inc		Acct # of Person or Company Receiving Funds (Beneficiary Acct #) A/c 33047 4840				
Address of Beneficiary (if available): Street		City Manchester NH	State	Country	Zip	
Name of Bank Where Beneficiary Has Account (Beneficiary Bank) Citizen BK of NH		ID of Beneficiary Bank (e.g. Routing/ABA Number-if available) ABA 011 401 533				
Beneficiary Bank Address (if available): Street Manchester, NH		City Manchester NH	State	Country		
Name of Bank to Send Funds Thru (Send Thru Bank Name if applicable)		ID of Bank to Send Funds Thru (e.g. SWIFT ID-if available) —				
Send Thru Bank Address (if available): Street		City	State	Country		
Name and Phone # of Person to Contact When Funds Arrive (if applicable)		Any Additional Information for Beneficiary (if applicable)				
Any Additional Instructions for Bank Receiving the Funds (if applicable)						
Section III: Wire Acceptance Information						
Customer ID: <input checked="" type="checkbox"/> DL <input type="checkbox"/> State ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Other	ID Number: CDL 4 W0302 403 1-4-05	Source: <input checked="" type="checkbox"/> OTC <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Letter				
Callback Performed (Required For Phone, Fax Or Letter): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Callback Information: Name Of Person Contacted/Reason No Callback Performed		Date	Time			
Purpose Of Wire (Required if OFAC blocked country-see TAO email bulletin board "nw.help.block.entry" for listing of sanctioned countries)						
Request Acceptance: Information	Date 10/2100	Time 11:40	Associate Name (Print) Gokhroo, S.	Phone # (313) 997-4800	Mail Code C28-190-01-01	
Section IV: Transaction Details						
Debit Date	US Dollar Amt	Foreign Currency Information: (if applicable)	FX Amt	Rate	FX Ref. ID	
Available Balance 24,986.49	Balance Sufficient? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OD Amount	OD Covered By			
Internal Debit To:	<input type="checkbox"/> ICA Serial #: <input type="checkbox"/> GL GL #:		Source of Funds if Internal Debit			
I hereby approve the overdraft for this funds transfer transaction. My approval is in accordance with the "Freedom to Act" guidelines.						
OD Authorizing Associate's Name (Please Print)	Authorizing Associates Signature			Date		
Section V: Wire System Entry / Approval						
Entry Information:	Date	Time	Associate Name	Associate Initials	Phone #	BFT Sequence #
Verify Information:	Date	Time	Associate Name	Associate Initials	Phone #	Verify Deadline